

ISSUE SLIP STAPLE AREA (for additional cross references)

9/781820

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H-S	866	05-01-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected N Non-elected
Allowed I Interference
- (through numeral) Canceled A Appeal
+ Restricted O Objected

Claim	Date
Final Original	5/9
21/17	
26/03	
1/1	+✓
2/1	+✓
3/1	+✓
4/1	+✓
5/1	+✓
6/1	+✓
7/1	+✓
8/1	+✓
9/1	+✓
10/1	+✓
11/1	N
12/1	N
13/1	N
14/1	N
15/1	N
16/1	N
17/1	N
18/1	N
19/1	N
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Claim	Date
Final Original	
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Claim	Date
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C.C.
05/02/01

If more than 150 claims or 10 actions
staple additional sheet here

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